	OFFICE USE
Date Reque	st Filled:
Method of 7	Fransfer: Fax Mail Phone
Copy to:	Records file:

KANSAS RACING AND GAMING COMMISSION

700 SW Harrison, Suite 420 Topeka, Kansas 66603-3754 Phone: (785) 296-5800 FAX: (785) 296-0900

Home Page Address: http://www.kansas.gov/krc/

E-mail Address: krgc@ksracing.org

REQUEST FOR RECORDS

I,(Requester's name)	request the following re	request the following records (please be specific):	
(requester s name)			
for the purpose of:			
Tor the purpose or.			
(Attach add	ditional sheets if necessary)		
Please forward records to:			
Name:			
Organization:			
Street/P.O. Box:			
City:	State:	Zip:	
Daytime Phone:			
Will pick up. Please call daytime phone when read	dy.		
Per K.S.A. 45-218(f): A public agency may charge and require advance parecords. Per K.S.A. 45-220(c)(2), the requester (stated above I, the requester, do not intend to, and will not: (A) u or information for the purpose of selling or offering for sale a at any address listed; or (B) sell, give or otherwise make avail from the records or information for the purpose of allowing t listed or to any person who resides at any address listed.	e) certifies: use any list of names or address any property or service to any p ilable to any person any list of a	ses contained in or derived from the records person listed or to any person who resides names or addresses contained in or derived	
I, Be	eing duly sworn, upon oath, ma	ake the foregoing request for records.	
	Requester		
Signed in my presence and duly sworn to before me on this	day of	, 200 , by	
(Seal, if any)			
	Notary Public		
My appointment expires:		Rev. 06/05	